

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017944

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 14Primary Registration District No. 5064Registrar's No. 5

STATE FILE NUMBER

FILED MAY 22 1962

## 1. PLACE OF DEATH

a. COUNTY

Bartonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Arcadia, Ks. R.R.Length of stay in 1b  
50 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION HomeInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bartonc. CITY  
OR  
TOWNArcadia, Ks. R.R.Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Arcadia, Ks. R.R.Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MattHamilton4. DATE  
OF  
DEATH

Month

Day

Year

4111962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-15-1885

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

Weir City, Ks.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Mathew Hamilton

## 13b. MOTHER'S MAIDEN NAME

Louisiana Bishop

## 14. NAME OF HUSBAND OR WIFE

Rosa Blincoe Hamilton15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Rosa Hamilton-wife Arcadia, Ks. R.R.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary embolismINTERVAL BETWEEN  
ONSET AND DEATH

## DUE TO (b)

Hypertension

## DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

4-11-1962to 4-11-1962and last saw him alive on never

Death occurred at

8:00 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

A. H. EdlemanM. D. Liberal, Mo.4-15-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)burial

## 23b. DATE

4-14-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Worsley Cemetery

## 23d. LOCATION (City, town, or county)

Vernon CountyMo.

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Walter J. MontagueWichita, Ks.May 15, 1962Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by self, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward T. Quinn

Licensed Embalmer No. 3256

P. O. Address Pittsburg, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.